

SEPTEMBER 1, 2021



DGMIS USER MANUAL

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

Table of Contents

DGMIS	3
Grant Selection	4
Adding Intake Forms	5
Adding Intake, system time out	6
Adding a 6-month update	7
Follow-Up Status	8
Adding a discharge	9
Discharge Status	10
Planned Services	10
Completing Discharge Status and Planned Services	13

GPR Form Information	14
Behavioral Health Diagnoses	14
Planned Services	15
Demographics	17
Military Family and Deployment	18
Drug and Alcohol Use	20
Family and Living Conditions	23
Education, Employment, and Income	24
Crime and Criminal Justice Status	25
Mental and Physical Health Programs and Treatment/Recovery	26
Violence and Trauma	28
Social Connectedness	29
Record Management	30
Adding clinic staff	31

Main Website: <https://dss-dg.sd.gov/>

All users will log in to the DGMIS via the main home page.

Discretionary Grant Management Information System (DGMIS)

The image shows a login form for the Discretionary Grant Management Information System (DGMIS). The form is titled "Log in" and contains the following elements:

- An "Email" input field.
- A "Password" input field.
- A checkbox labeled "Remember me?".
- A blue "Log in" button.
- A link for "Forgot your password?".

Two green callout boxes provide instructions:

- A box at the top right says: "Input log in credentials and click the 'Log in' button".
- An arrow-shaped box on the right points to the "Log in" button.

Grant Selection

Select the grant that applies to you.

SOR

State Opioid Response*

[Continue](#)

SBIRT

Screening Brief Intervention Referral and Treatment

[Continue](#)

COVID

Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

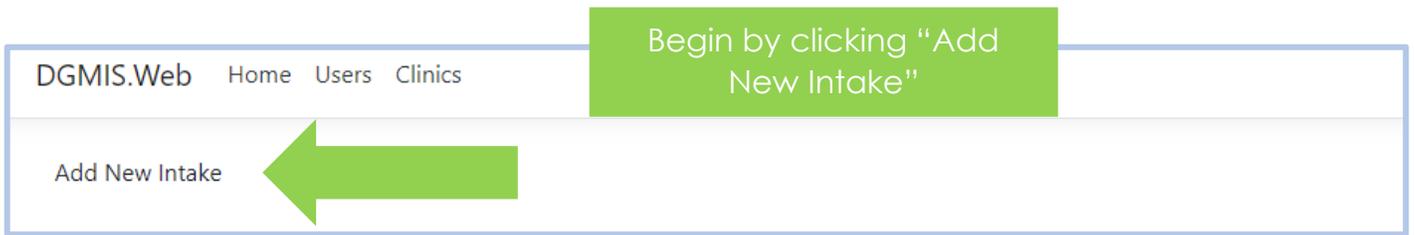
[Continue](#)

Adding Intake Forms

DGMIS.Web Home Users Clinics

Begin by clicking "Add New Intake"

Add New Intake



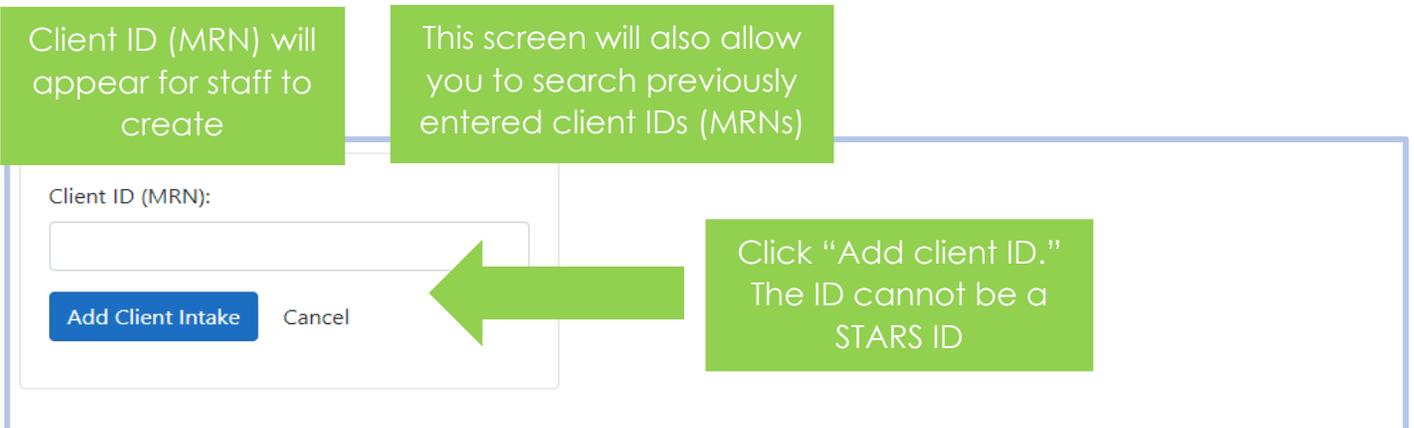
Client ID (MRN) will appear for staff to create

This screen will also allow you to search previously entered client IDs (MRNs)

Client ID (MRN):

Add Client Intake Cancel

Click "Add client ID." The ID cannot be a STARS ID



The form below will appear for staff to populate

A. Record Management

Client ID DSSTEST_01CKB

Contract/Grant ID FG000219

Client Type

Interview Type Intake

Interview Date mm/dd/yyyy

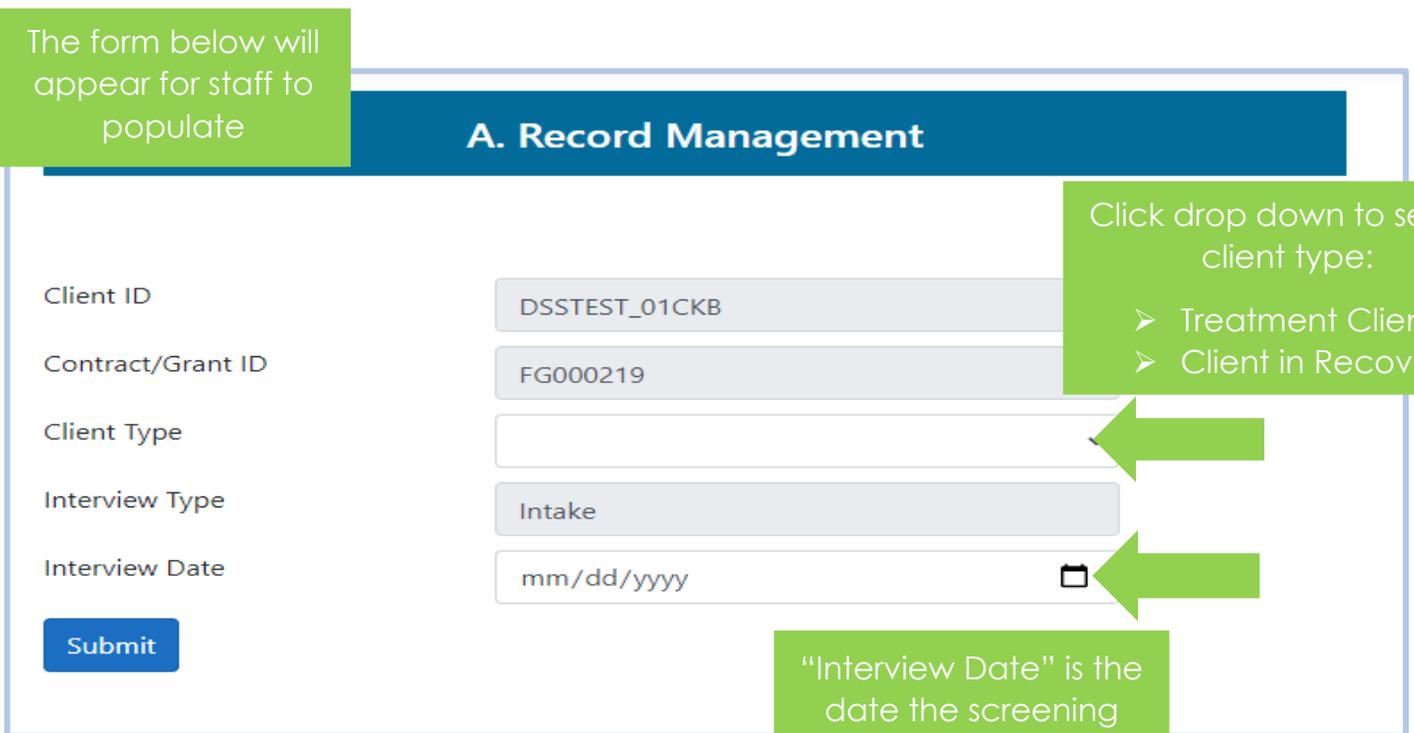
Submit

Click drop down to select client type:

- Treatment Client
- Client in Recovery

"Interview Date" is the date the screening tool was conducted

DO NOT ENTER BIRTHDATE OR TODAY'S DATE



Adding Intake, system time out

If the DGMIS system times out while you're working on an intake, your progress will be saved. This will allow facilities to continue their work on incomplete intakes without having to re-enter the tool from the beginning.

Finish an incomplete initial intake by clicking "Continue" under Intake header



DGMIS.Web Home Users Clinics			
Add New Intake			
ClientID	Intake Date	Intake	6 Month
DSSTEST_01CKB	03/03/2021	Continue	

Adding a 6-month update

Search client ID that needs a 6-month update on the home page (see pg. 5)

DGMIS.Web Home Users Clinics

Add New Intake

Begin by clicking "Add" under the 6 Month header

ClientID	Intake Date	Intake	6 Month
DSSTEST_01CKB	03/03/2021	View	Add

A. Record Management

Client ID

DSSTEST_01CKB

Contract/Grant ID

FG000219

Client Type

ClientinRecovery

Interview Type

Follow Up

Did you conduct a follow-up/discharge interview ?

✓

Interview Date

mm/dd/yyyy

Submit

Client ID, Client Type, and Interview Type will already be present

Click drop down and select "Yes" or "No"

"Interview Date" should reflect the date an interview was conducted. If an interview was not conducted then you won't be allowed to add a date

If an interview was conducted, the full GPRA form will load. If a full interview was not conducted, section I Follow-up Status of the GPRA form will load.

Follow-Up Status

I. Follow-Up Status

1. What is the follow-up status of the client?

If "Unable to locate, other", (Specify)

2. Is the client still receiving services from your program?

Complete the screen, select "Save"

Click drop down and select option for follow-up status

Click drop down and select "Yes" or "No"

A. Record Management - Overview

Client ID :

Contract/Grant ID :

Client Type :

Interview Type :

Did you conduct a follow-up/discharge interview ?

Interview Date :

Submit Form

After saving inputs select "Submit Form" to finish

Adding a discharge

Search client ID that needs a discharge tool (see pg. 5)

Click "Add" under the Discharge header

Add New In

ClientID	Intake Date	Intake	6 Month	Discharge
DSSTEST_01CKB	03/03/2021	View	Continue	Add

A. Record Management

Client ID

Contract/Grant ID

Client Type

Interview Type

Did you conduct a follow-up/discharge interview ?

Interview Date

Client ID, Client Type, and Interview Type will already be present

Click drop down and select "Yes" or "No"

"Interview Date" should reflect the date an interview was conducted. If an interview was not conducted then you won't be allowed to add a date

If an interview was conducted, the full GPRa form will load. If a full Interview was not conducted, section J Discharge Status and Section K Planned Services of the GPRa form will load.

Discharge Status

A. Record Management

Overview

J. Discharge

K. Services Received

J. Discharge Status

What is the date (month, day, and year) of discharge ?

What is the client's discharge status?

If the client was terminated, what was the reason for termination ?

Specify other reason for termination

Did the program test this client for HIV?

Did the program refer this client for testing ?

Indicate the date of discharge

Indicate if the client successfully completed services or the termination reason

Complete the screen, select "Save"

Planned Services

A. Record Management

Overview

J. Discharge

K. Services Received

K. Services Received

Identify the number of DAYS of services provided to the client during client's course of treatment/recovery.

ENTER ZERO IF NO SERVICES PROVIDED

Modality

1. Case Management	<input type="text" value="0"/>	9. Detoxification (Select Only One)	
2. Day Treatment	<input type="text" value="0"/>	A. Hospital Inpatient	<input type="text" value="0"/>
3. Inpatient/Hospital (Other Than Detox)	<input type="text" value="0"/>	B. Free Standing Residential	<input type="text" value="0"/>
4. Outpatient	<input type="text" value="0"/>	C. Ambulatory Detoxification	<input type="text" value="0"/>
5. Outreach	<input type="text" value="0"/>	10. After Care	<input type="text" value="0"/>
6. Intensive Outpatient	<input type="text" value="0"/>	11. Recovery Support	<input type="text" value="0"/>
7. Methadone	<input type="text" value="0"/>	12. Other (Specify)	<input type="text" value="0"/>
8. Residential/Rehabilitation	<input type="text" value="0"/>	<input type="button" value="Not Applicable"/>	

At least one "Modality" must be greater than 0

Planned Services, Continued

Treatment Services

[SELECT AT LEAST ONE SERVICE.]

At least one "Treatment Services" option must be greater than 0

1. Screening	<input type="text" value="0"/>	8. Group Counseling	<input type="text" value="0"/>
2. Brief Intervention	<input type="text" value="0"/>	9. Family/Marriage Counseling	<input type="text" value="0"/>
3. Brief Treatment	<input type="text" value="0"/>	10. Co-Occurring Treatment/Recovery Services	<input type="text" value="0"/>
4. Referral to Treatment	<input type="text" value="0"/>	11. Pharmacological Interventions	<input type="text" value="0"/>
5. Assessment	<input type="text" value="0"/>	12. HIV/AIDS Counseling	<input type="text" value="0"/>
6. Treatment/Recovery Planning	<input type="text" value="0"/>	13. Other Clinical Services (Specify)	<input type="text" value="0"/>
7. Individual Counseling	<input type="text" value="0"/>		

Not Applicable

You are not required to select an option here, select "Not Applicable" if none apply

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)	<input type="text" value="0"/>	4. Individual Services Coordination	<input type="text" value="0"/>
2. Child Care	<input type="text" value="0"/>	5. Transportation	<input type="text" value="0"/>
3. Employment Service		6. HIV/AIDS Service	<input type="text" value="0"/>
A. Pre-Employment	<input type="text" value="0"/>	7. Supportive Transitional Drug-Free Housing Services	<input type="text" value="0"/>
B. Employment Coaching	<input type="text" value="0"/>	8. Other Case Management Services (Specify)	<input type="text" value="0"/>

Not Applicable

Select "Not Applicable" in each section if none apply

Medical Services

1. Medical Care	<input type="text" value="0"/>	3. HIV/AIDS Medical Support & Testing	<input type="text" value="0"/>
2. Alcohol/Drug Testing	<input type="text" value="0"/>	4. Other Medical Services (Specify)	<input type="text" value="0"/>
<input type="button" value="Not Applicable"/>			

After Care Services

1. Continuing Care	<input type="text" value="0"/>	4. Self-Help and Support Groups	<input type="text" value="0"/>
2. Relapse Prevention	<input type="text" value="0"/>	5. Spiritual Support	<input type="text" value="0"/>
3. Recovery Coaching	<input type="text" value="0"/>	6. Other After Care Services (Specify)	<input type="text" value="0"/>
<input type="button" value="Not Applicable"/>			

Education Services

1. Substance Abuse Education	<input type="text" value="0"/>	3. Other Education Services (Specify)	<input type="text" value="0"/>
2. HIV/AIDS Education	<input type="text" value="0"/>	<input type="button" value="Not Applicable"/>	

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring	<input type="text" value="0"/>	4. Information and Referral	<input type="text" value="0"/>
2. Housing Support	<input type="text" value="0"/>	5. Other Peer-to-Peer Recovery Support Services (Specify)	<input type="text" value="0"/>
3. Alcohol-and Drug-Free Social Activities	<input type="text" value="0"/>	<input type="button" value="Not Applicable"/>	



Complete the screen, select "Save"

Completing Discharge Status and Planned Services

DGMIS.Web Home Users Clinics Hello Logout

A. Record Management

Overview

J. Discharge

K. Services Received

Submit Form

A. Record Management - Overview

Client ID : DSSTEST_01CKB

Contract/Grant ID : FG000219

Client Type : ClientInRecovery ▼

Interview Type : Discharge

Did you conduct a follow-up/discharge interview ? No ▼

Interview Date : Not Applicable

↑

After saving inputs select "Submit Form" to finish

Behavioral Health Diagnoses

DGMIS.Web Home Users Clinics Hello Colleen! Logout

A. Record Management - Behavioral Health Diagnoses

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) descriptors.

Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Primary Diagnosis: Category: Primary

Secondary Diagnosis: Category:

Tertiary Diagnosis: Category:

Select up to three diagnoses

Please indicate the following:

1. In the past 30 days, was this client diagnosed with an opioid use disorder?

a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? (Select all that apply)

	Received	# of Days
Methadone	<input type="text" value="No"/>	<input type="text"/>
Buprenorphine	<input type="text" value="No"/>	<input type="text"/>
Naltrexone	<input type="text" value="No"/>	<input type="text"/>
Extended Release Naltrexone	<input type="text" value="No"/>	<input type="text"/>
Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder	<input type="text" value="No"/>	<input type="text"/>
Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder	<input type="text" value="No"/>	<input type="text"/>

2. In the past 30 days, was this client diagnosed with an alcohol use disorder?

Indicate if the individual was diagnosed with an opioid use disorder or alcohol use disorder in the past 30 days.

Planned Services

All providers are required to select one option under “Modality” and one option under “Treatment Services.” The page will not advance if it is not selected.

DGMIS.Web Home Users Clinics Hello Logout

A. Record Management

- Overview
- Behavioral Health Diagnoses
- Services**

A. Record Management - Services

PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]

Identify the services you plan to provide to the client during the client's course of treatment/recovery

Modality

1. Case Management	No	9. Detoxification (Select Only One)
2. Day Treatment	No	A. Hospital Inpatient
3. Inpatient/Hospital (Other Than Detox)	No	B. Free Standing Residential
4. Outpatient	No	C. Ambulatory Detoxification
5. Outreach	No	10. After Care
6. Intensive Outpatient	No	11. Recovery Support
7. Methadone	No	12. Other (Specify)
8. Residential/Rehabilitation	No	<input type="button" value="Not Applicable"/>

Treatment Services
[SELECT AT LEAST ONE SERVICE.]

1. Screening	No	8. Group Counseling
2. Brief Intervention	No	9. Family/Marriage Counseling
3. Brief Treatment	No	10. Co-Occurring Treatment/Recovery Services
4. Referral to Treatment	No	11. Pharmacological Interventions
5. Assessment	No	12. HIV/AIDS Counseling
6. Treatment/Recovery Planning	No	13. Other Clinical Services (Specify)
7. Individual Counseling	No	

Select at least one option

Select at least one option

Planned Services, Continued

Select "Not Applicable" in each section if none apply

The remaining planned services sections are not required.

Case Management Services	
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	No ▾
2. Child Care	No ▾
3. Employment Service	
A. Pre-Employment	No ▾
B. Employment Coaching	No ▾
4. Individual Services Coordination	No ▾
5. Transportation	No ▾
6. HIV/AIDS Service	No ▾
7. Supportive Transitional Drug-Free Housing Services	No ▾
8. Other Case Management Services (Specify)	No ▾
	Not Applicable
Medical Services	
1. Medical Care	No ▾
2. Alcohol/Drug Testing	No ▾
3. HIV/AIDS Medical Support & Testing	No ▾
4. Other Medical Services (Specify)	No ▾
	Not Applicable
After Care Services	
1. Continuing Care	No ▾
2. Relapse Prevention	No ▾
3. Recovery Coaching	No ▾
4. Self-Help and Support Groups	No ▾
5. Spiritual Support	No ▾
6. Other After Care Services (Specify)	No ▾
	Not Applicable
Education Services	
1. Substance Abuse Education	No ▾
2. HIV/AIDS Education	No ▾
3. Other Education Services (Specify)	No ▾
	Not Applicable

Planned Services, Continued

Select "Not Applicable" if none apply

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring

No

2. Housing Support

No

3. Alcohol and Drug-Free Social Activities

No

4. Information and Referral

5. Other Peer-to-Peer Recovery Support Services (Specify)

No

Not Applicable

Save

Click "Save" to progress

Demographics

DGMIS.Web Home Users Clinics

Hello Colleen! Logout

A. Record Management

Overview

Behavioral Health Diagnoses

Services

Demographics

A. Record Management - Demographics

1. What is your gender?

Other (Specify)

Not Applicable

2. Are you Hispanic or Latino?

No

If #2 is answered "No", skip to #3

[IF YES] What ethnic group do you consider yourself? Please answer following. You may say yes to more than one.

Central American

Not Applicable

Puerto Rica

Not Applicable

Cuban

Not Applicable

South America

Not Applicable

Dominican

Not Applicable

Other (Specify)

Not Applicable

Mexican

Not Applicable

Not Applicable

3. What is your race? Please answer yes or no for each of the following. You may select more than one.

Black or African American

No

Native Hawaiian or other Pacific Islander

Asian

No

Alaska Native

No

White

No

American Indian

No

4. What is your date of birth?

Month

January

Year

2010

Save

Click "Save" to progress

Must select a 'Race' to continue

Date of Birth is required

A. Record Management

Overview

Behavioral Health Diagnoses

Services

Demographics

Military Family and Deployment

Indicate if the individual has military involvement

A. Record Management - Military Family and Deployment

Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?[IF SERVED] What area, the Armed Forces, Reserves, or National Guard did you most recently serve ?

[IF EVER DEPLOYED, SELECT 'NO' FOR 'NEVER DEPLOYED' AND SELECT 'YES' FOR ALL COMBAT ZONES THAT APPLY. IF NEVER DEPLOYED, SELECT 'YES' FOR 'NEVER DEPLOYED']

No

Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?[IF ACTIVE] What area, the Armed Forces, Reserves, or National Guard ?

Not Applicable

5b. Have you ever been deployed to a combat zone?

NEVER DEPLOYED

Not Applicable

IRAQ OR AFGHANISTAN (E.G., OEF/OIF/OND)

Not Applicable

PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)

Not Applicable

VIETNAM/SOUTHEAST ASIA

Not Applicable

KOREA

Not Applicable

WWII

Not Applicable

DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)

Not Applicable

Military and Family Deployment, Continued

6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? [IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B]

No

If yes (answer for up to six people):

What is the relationship of that person (Service Member) to you?

If other, specify.

Indicate if the individual has family with military involvement

1

2

3

4

5

6

Not A

Not A

Not A

Not A

Not A

Not A

Not Appli

Not Appli

Not Appli

Not Appli

Not Appli

Not Appli

Has the Service Member experienced any of the following: [FOR EACH PERSON, SELECT ALL THAT APPLY.]

6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?

Not A

Not A

Not A

Not A

Not A

Not A

6b. Was physically injured during combat operations?

Not A

Not A

Not A

Not A

Not A

Not A

6c. Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?

Not A

Not A

Not A

Not A

Not A

Not A

6d. Died or was killed?

Not A

Not A

Not A

Not A

Not A

Not A

Save

Click "Save" to progress

Drug and Alcohol Use

DGMIS.Web Home Users Clinics

A. Record Management

- Overview
- Behaviorial Health Diagnoses
- Services
- Demographics
- Military Family and Deployment

B. Drug and Alcohol Use

1. During the past 30 days, how many days have you used the following:

- a. Any alcohol
- b1. Alcohol to intoxication (5+ drinks in one sitting)
- b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)
- c. Illegal drugs
- d. Both alcohol and drugs (on the same day)

of Days

- 0
- Not Applicable
- Not Applicable
- 0
- Not Applicable

“Alcohol to Intoxication” fields cannot be greater than the number reported in the “Any Alcohol” field

“Both alcohol and drugs (on same day)” field cannot be greater than the largest number reported in the “Any Alcohol” field or “Illegal drugs” field

Drug and Alcohol Use

2. During the past 30 days, how many days have you used any of the following:

	# of Days	
a. Cocaine/Crack	<input type="text" value="0"/>	
b. Marijuana/Hashish	<input type="text" value="0"/>	
c. Opiates:		
1. Heroin	<input type="text" value="0"/>	Not Applicable
2. Morphine	<input type="text" value="0"/> ▼	Not Applicable ▼
3. Diluadid	<input type="text" value="0"/> ▼	Not Applicable ▼
4. Demerol	<input type="text" value="0"/> ▼	Not Applicable ▼
5. Percocet	<input type="text" value="0"/> ▼	Not Applicable ▼
6. Darvon	<input type="text" value="0"/> ▼	Not Applicable ▼
7. Codeine	<input type="text" value="0"/> ▼	Not Applicable ▼
8. Tylenol 2,3,4	<input type="text" value="0"/> ▼	Not Applicable ▼
9. Oxycontin/Oxycodone	<input type="text" value="0"/> ▼	Not Applicable ▼
d. Non-prescription methadone	<input type="text" value="0"/> ▼	Not Applicable ▼
e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	<input type="text" value="0"/> ▼	Not Applicable ▼
f. Methamphetamine or other amphetamines	<input type="text" value="0"/> ▼	Not Applicable ▼
g. 1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	<input type="text" value="0"/> ▼	Not Applicable ▼
2. Barbiturates: Mephobarbital and pentobarbital sodium	<input type="text" value="0"/> ▼	Not Applicable ▼
3. Non-prescription GHB	<input type="text" value="0"/> ▼	Not Applicable ▼

If "Illegal drugs" field is greater than zero, then you must identify which drugs were used and how many days those drugs were used.

Drug and Alcohol Use

e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	0	Not Applicable
f. Methamphetamine or other amphetamines	0	Not Applicable
g. 1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	0	Not Applicable
2. Barbiturates: Mephobarbital and pentobarbital sodium	0	Not Applicable
3. Non-prescription GHB	0	Not Applicable
4. Ketamine	18	IV
5. Other tranquilizers, downers, sedatives or hypnotics	0	Not Applicable
h. Inhalants	0	Not Applicable
i. Other illegal drugs (Specify)	0	Not Applicable

3. In the past 30 days, have you injected drugs? Yes

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? Never

Save

Click "Save" to progress

Select response for "Injected drugs" from the drop down. Must select "Yes" if route of administration of 'Non-IV Injection' or 'IV' has been selected

C. Family and Living Conditions

1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]

Shelter

If "Housed"

Not Applicable

Other Housed (Specify)

Not Applicable

Reminder: If the individual indicates they spent time in jail or prison, indicate that was their living arrangement if it was greater than 15 days.

2. How satisfied are you with the conditions of your living space?

Very Satisfied

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs ?

Not at all

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities ?

Not at all

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems ?

Not at all

6. Are you currently pregnant?



Select 'No' if individual is male

No

7. Do you have children?

No

a. How many children do you have?

b. Are any of your children living with someone else due to a child protection court order ?

Not Applicable

c. How many of your children are living with someone else due to a child protection court order ?

d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]

Save



Click "Save" to progress

Responses cannot be greater than the 'number of children' reported

D. Education, Employment, and Income

1. Are you currently enrolled in school or a job training program? [IF ENROLLED], Is that full time or part time?

2. What is the highest level of education you have finished, whether or not you received a degree

Employment must be reported

Whole dollar amounts must be reported. All fields must have a value reported

3. Are you currently employed?

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

a. Wages	\$ <input type="text"/>	RF/DK <input type="text"/>	e. Non-legal income	\$ <input type="text"/>	RF/DK <input type="text"/>
b. Public assistance	\$ <input type="text"/>	RF/DK <input type="text"/>	f. Family and/or friends	\$ <input type="text"/>	RF/DK <input type="text"/>
c. Retirement	\$ <input type="text"/>	RF/DK <input type="text"/>	g. Other (Specify)	\$ <input type="text"/>	RF/DK <input type="text"/>
d. Disability	\$ <input type="text"/>	RF/DK <input type="text"/>			

5. Have you enough money to meet your needs?

E. Crime and Criminal Justice Status

1. In the past 30 days, how many times have you been arrested?

2. In the past 30 days, how many times have you been arrested for drug - related offenses ?

3. In the past 30 days, how many nights have you spent in jail / prison ?

4. In the past 30 days, how many times have you committed a crime ?

5. Are you currently awaiting charges, trial, or sentencing ?

6. Are you currently on parole or probation?

Save



Click "Save" to progress

If the individual indicates they spent time in jail or prison for 15 or more days, their living arrangement will need to be Jail or Prison in the "Family and Living Conditions section"

Initial response taken from "Illegal drugs" information previously entered. The number in this field can be increased but cannot be decreased without changing the value on the "Illegal drugs" field on the *Drug and Alcohol Use* page

F. Mental and Physical Health Problems and Treatment/Recovery

Values are pre-populated for staff. Select and manage applicable entries

1. How would you rate your overall health right now ?

Excellent

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

nights

i. Physical complaint

No

Not Applicable

ii. Mental or emotional difficulties

No

Not Applicable

iii. Alcohol or substance abuse

No

Not Applicable

b. Outpatient Treatment for:

times

i. Physical complaint

No

Not Applicable

ii. Mental or emotional difficulties

No

Not Applicable

iii. Alcohol or substance abuse

No

Not Applicable

c. Emergency Room Treatment for:

times

i. Physical complaint

No

Not Applicable

ii. Mental or emotional difficulties

No

Not Applicable

iii. Alcohol or substance abuse

No

Not Applicable

3. During the past 30 days, did you engage in sexual activity?

No

Altogether, how many:

Contacts

a. Sexual contacts (vaginal, oral, or anal) did you have?

Not Applicable

b. Unprotected sexual contacts did you have?

Not Applicable

c. Unprotected sexual contacts were with an individual who is or was:

1. HIV positive or has AIDS

Not Applicable

2. An injection drug user

Not Applicable

3. High on some substance

Not Applicable

Values are pre-populated for staff. Select and manage applicable entries

4. Have you ever been tested for HIV?

No

a. Do you know the results of your HIV testing?

Not Applicable

5. How would you rate your quality of life?

Very poor

6. How satisfied are you with your health?

Very Satisfied

7. Do you have enough energy for everyday life?

Not at all

8. How satisfied are you with your ability to perform your daily activities?

Very Satisfied

9. How satisfied are you with yourself?

Very Satisfied

10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

Days

a. Experienced serious depression

0

b. Experienced serious anxiety or tension

0

c. Experienced hallucinations

0

d. Experienced trouble understanding, concentrating, or remembering

0

e. Experienced trouble controlling violent behavior

0

Values are pre-populated for staff. Select and manage applicable entries

F. Violence and Trauma

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?) [IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]

No ▼

12a. Have had nightmares about it or thought about it when you did not want to?

Not Applicable ▼

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Not Applicable ▼

12c. Were constantly on guard, watchful, or easily startled?

Not Applicable ▼

12d. Felt numb and detached from others, activities, or your surroundings?

Not Applicable ▼

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

Never ▼

Save

Click "Save" to progress

G. Social Connectedness

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

[In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction + related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.]

No
Times
Not Applicable

Values are pre-populated for staff. Select and manage applicable entries

2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

No
Not Applicable

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

No
Not Applicable

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

No

5. To whom do you turn when you are having trouble?

No one
Not Applicable

6. How satisfied are you with your personal relationships?

Very Satisfied

Save



Click "Save" to progress

A. Record Management

- Overview
- Behavioral Health Diagnoses
- Services
- Demographics
- Military Family and Deployment

B. Drug & Alcohol Use

C. Family & Living

D. Education & Employment

E. Criminal Justice

F. Problem & TX

G. Social Connect

Submit Form

A. Record Management - Overview

Client ID :

Contract/Grant ID :

Client Type :

Interview Type :

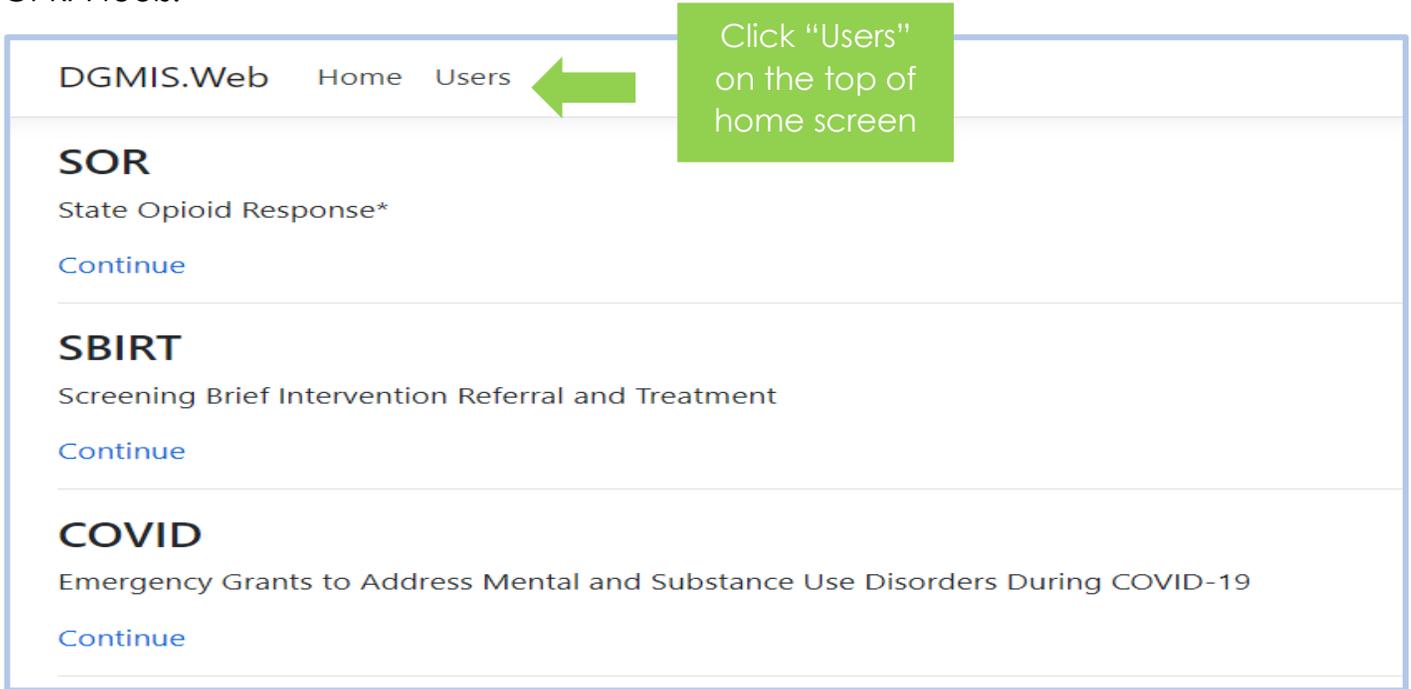
Interview Date :

Review input before clicking "Submit Form."
Users can save an incomplete intake and return at a later time.

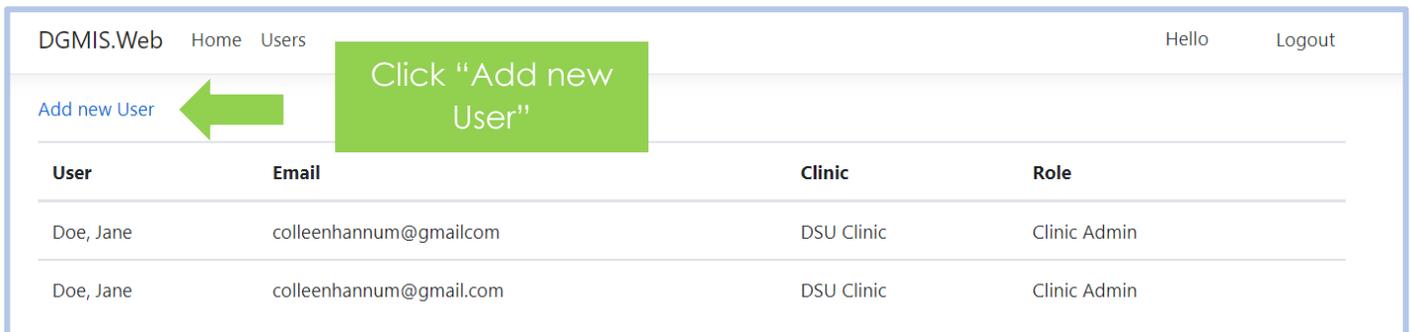
Click "Submit Form" and documentation will be finalized. Users will not be able to edit after submitting form.

Adding clinic staff

Facilities will now have capabilities of adding their own clinic staff. Each facility will designate a clinic admin that has the ability to add staff and GPRA tools, while clinic staff can only add GPRA tools.



The screenshot shows the top navigation bar with 'DGMIS.Web', 'Home', and 'Users'. A green arrow points to the 'Users' link, and a green callout box contains the text 'Click "Users" on the top of home screen'. Below the navigation bar, there are three main sections: 'SOR' (State Opioid Response*) with a 'Continue' link, 'SBIRT' (Screening Brief Intervention Referral and Treatment) with a 'Continue' link, and 'COVID' (Emergency Grants to Address Mental and Substance Use Disorders During COVID-19) with a 'Continue' link.



The screenshot shows the 'Users' page. The top navigation bar includes 'DGMIS.Web', 'Home', 'Users', 'Hello', and 'Logout'. A green arrow points to the 'Add new User' link, and a green callout box contains the text 'Click "Add new User"'. Below the navigation bar is a table with the following data:

User	Email	Clinic	Role
Doe, Jane	colleenhannum@gmailcom	DSU Clinic	Clinic Admin
Doe, Jane	colleenhannum@gmail.com	DSU Clinic	Clinic Admin

Create new User

First Name

Last Name

Email

Password

Confirm password

RoleName

Designate new user as either "Clinic Admin" or "Clinic Staff".

ClinicName

Register

Click "Register" to create new staff

